



Please Direct All Correspondence to Customer Number **20995**

**AMENDMENT / RESPONSE TRANSMITTAL**

Applicant : Burchell, et al.  
App. No : 09/972,105  
Filed : October 4, 2001  
For : PRENATAL DIAGNOSTIC  
METHODS  
Examiner : Lisa V. Cook  
Art Unit : 1641

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence and all marked attachments are being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on

November 23, 2005

(Date)

Connie C. Tong, Reg. No. 52,292

**Mail Stop AF**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith for filing in the above-identified application are the following enclosures:

- (X) Response to Final Office Action in 7 pages.
- (X) Supplemental Information Disclosure Statement.
- (X) PTO Form SB/08.
- (X) Copies of 3 Non-Patent Literature References.

The fee has been calculated as shown below:

FEE CALCULATION				
FEE TYPE		FEE CODE	CALCULATION	TOTAL
Excess Claims	11 - 30 = 0	1202 (\$50)	0 x 50 =	\$0
Excess Independent	2 - 6 = 0	1201 (\$200)	0 x 200 =	\$0
Multiple Claim	1.16(j)	1203 (\$360)		\$
1 Month Extension	1.17(a)(1)	1251 (\$120)		\$
2 Month Extension	1.17(a)(2)	1252 (\$450)		\$
3 Month Extension	1.17(a)(3)	1253 (\$1,020)		\$
			<b>TOTAL FEE DUE</b>	<b>\$0</b>

- (X) A check in the amount of \$180.00 is enclosed for the Supplemental Information Disclosure Fee.

Docket No.: ERP01.001DV1

November 22, 2005

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- (X) Return prepaid postcard.
- (X) Please charge any additional fees, including any fees for additional extension of time, or credit overpayment to Deposit Account No. 11-1410.



Connie C. Tong

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